

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
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Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Jamie Herubin
Date: 8/17/05
Time: 10 - 11 a.m.
Location: Hargrove, Conference Room D

IPRS Core Team Attendees:

Sharlene Bryant	Others:
X Cathy Bennett	X Tim Sullivan
Cheryl McQueen	X Jamie Herubin
X Shannon Johnson	X Sandy Flores
Gary Imes	Sara Parks
Joyce Sims	Mike Frost
X Bobby Minish	X Linda Smith
X Rick Debell	X Carlisa Stallings
X Thelma Hayter	X Paul Carr
X Eric Johnson	Myran Harris

Attendees:

X Alamance-Caswell	X Onslow
X Albemarle	X OPC
X Catawba	X Pathways
X Centerpoint	X Pitt
X Crossroads	X Roanoke-Chowan
X Cumberland	X Rockingham
X Durham	X Sand hills Center
X Eastpointe	X SE Center
X Edgecombe-Nash	SE Regional
X Five – County MHA	Smoky Mountain
X Foothills	X Tideland
X Guilford	X Wake
X Johnston	X Western Highlands
X Mecklenburg	X Wilson-Greene
X Neuse	
X New River	

Attendees:

Item No.	Topics	Review August 12 checkwrite results
1.	Division and EDS Review	<p>Upcoming checkwrites: August 19th, Sept. 2nd, 9th</p> <p>Tim Sullivan: Update Medicaid issues</p> <p>BugCentral Status</p> <p>Key CSRs</p> <p>Operations Support: File Maintenance, Security, and Help Desk</p> <p>Highlight DPE Review: Nail-down date(s), time, phone number</p> <p>Area Programs joining this week:</p>
2.	Area Programs	<p>Roll call</p> <p>Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you ask a question or state a problem so that we can be sure we know who to follow up with on the issue.</p> <p>Review August 12th checkwrite results</p> <p>Upcoming checkwrite (cut-off-dates) - August 19th, Sept. 2nd, 9th</p> <p>DPE Sub-Topics</p> <ul style="list-style-type: none"> • Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list: IPRS.QandA@ncmail.net • Direct Provider Enrollment process – Status Update • Claim transaction (837) Format Testing/Compliance – Status Update <p>IPRS Questions or Concerns</p> <p>DMA Direct Provider Enrollment Questions – A. Floyd/ P. Horrell</p> <p>MMIS Updates - Tim Sullivan & Shannon Johnson</p> <p>Medicaid Questions or Concerns</p> <p>Updates to Roll Call?</p> <p>Any other area program questions/comments?</p> <p>DMH and/or EDS concluding remarks.</p>

Next Meeting: August 24, 2005

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc., call the IPRS Help Desk – 1-800-688-6696, ext 53355, M-F, 8 a.m.-4:30 p.m., excluding holidays.

ADMINISTRATION NOTES (10 a.m. DIVISION AND EDS REVIEW)

Item No.	Topics
1.	Review August 12th checkwrite results
2.	Upcoming Checkwrites –August 19th, Sept. 2nd, 9th
3.	Update on Medicaid Issues (Tim Sullivan) – Received fax from LME regarding T1017 denial. It was thought that the claims were denying for TPL, however research revealed that the claims were actually denying for Medicare.
4.	Bug Central Status – 1 outstanding Bug in Customer Review status (#268988)
5.	Key CSRs (Cathy Bennett) – DPE is progressing as outlined in the 8/16/05 DPE meeting. CSRs concerning the financial reports for settlement of FY 02/03, 03/04 and 04/05 are being tested with Jay Dixon. Vedha is working on the new budget-related CSRs. Recoupment of Smoky Mountain claims should have been full recoups instead of recoup-repays – will be corrected.
6.	Operations Support – File Maintenance, Security, Help Desk – One outstanding File Maintenance request concerning H2012 procedure codes w/ modifiers. SE resources are focusing on higher priority CSRs and will resume work on this request once those priority CSRs are implemented.
7.	Highlight DPE Review (nail-down dates(s), time, phone number) – Nothing to report.

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)

Item No.	Topics
1.	Roll Call (See page 1 for meeting AP participants) (Please mute phones or refrain from excess activity to help with communications.)
2.	Please mute phones or refrain from excess activity to help with communications. Please state your name and which Area Program you are from when you ask a question or state a problem so that we can be sure we know who to follow up wit on the issue.
3.	Review August 12th Checkwrite results No questions.
4.	Upcoming checkwrite - August 19 th , September 2 nd , 9 th
5.	Agenda items DPE Sub-Topics <ul style="list-style-type: none"> Reminder: After receiving new provider numbers from DMA, please send these numbers to the IPRS QA distribution list: IPRS.QandA@ncmail.net. <p>Q: Tommy Scott (Sandhills): What is the phone number LMEs can use to inquire on the status of their new provider numbers? A: Eric: Call Pamela Horrell or Angela Floyd. C: Kim George (Neuse): Made several attempts to call and had no luck in getting a response. R: Eric: Response will likely be slow because of the heavy demand. C: Thelma: Will send note about obtaining statuses to Pamela.</p>

	<p>Q: Adrienna Harris (Mecklenburg): In training, the 70% payment was mentioned. Does it apply to both IPRS and MMIS?</p> <p>A: Thelma: Applies to both IPRS and MMIS. To review, 70% is paid if a non-licensed employee performs H0001, H0005 or H0031 service or if a licensed employee performs the service, but the claim is submitted with a non-licensed process.</p> <ul style="list-style-type: none"> • Direct Provider Enrollment process – Status Update (AND) • Claim transaction (837) Format testing/Compliance – Status Update <p>Albemarle: Sent in applications and already have staff numbers. Waiting on physician group numbers. Unsure if they have started enrolling staff and providers. Also unsure of the status of software changes.</p> <p>Centerpoint: Unsure of whether or not applications have been submitted for group and multi-specialty numbers. Software changes are in progress.</p> <p>Neuse: In the process of enrolling contract providers and updating end-dates. Software changes are in progress.</p> <p>Onslow: 837 is compliant but unsure as to the rest of progress. Have not received group or multi-specialty numbers and unsure about whether applications have been submitted.</p> <p>SE Center: Not sure of status. R: Thelma: Send status to IPRS Q&A.</p> <p>Wake: Applications submitted, but have not received numbers. Unsure of software change status. For Beta Testing, will submit a clean file this week – found issues with last week's file.</p> <ul style="list-style-type: none"> • Rate Questions <p>Rick: LMEs need to send in rates for state services which are provider-specific. Some have submitted provider rates, some have not. Rick is in the process of entering all the provider rates. When he finishes entering the rates he will be pulling the default rate, therefore LMEs must send in their provider-specific rates. All licensed direct enrolled providers will be required to have a provider rate. Individual attending providers can only have one rate regardless of how many agencies they work for. You have until November to get your licensed direct enrolled provider rates to Rick. Use the same spread sheet you sent the agency rates to Rick on to send in the licensed direct enrolled provider rates. Until the default rate is pulled, those who have not submitted provider-specific rates will get paid at the default, which is the lowest rate. If LMEs find out that they should have been getting paid at a higher rate, Rick won't be able to correct, so LMEs will have to resubmit those claims.</p> <p>Q: Are all H codes exceptions? R: Rick: Just H0019.</p> <p>Q: Tommy Scott (Sandhills): When are the provider-specific rates due? R: Rick: ASAP.</p> <p>C: Rick: We will send out the rate spreadsheet again with next week's Core Team information.</p>
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	<p>Q: Adrienna (Mecklenburg): Which codes are impacted by the provider-specific rates?</p> <p>A: Rick: Any code not covered by Medicaid.</p> <p>Q: Jeanna Lauffenburger (Catawba): If LMEs start enrolling individual providers, will they have to do it multiple times if the provider works for multiple agencies?</p> <p>A: Thelma: No. You enroll the individual once and use the location code to connect the provider and location of service to the agency. All agencies the individual works for must be enrolled as attending providers.</p> <p>C: Kim (Neuse): Regarding YP750, when Neuse bills \$52.03, they are only paid \$50.</p> <p>A: Rick: Didn't get the \$52.03 rate in last week. It has been entered for this week.</p> <p>Q: Kim: Will the provider-specific rates be in by Friday (H0019)?</p> <p>A: Rick: Yes.</p> <p>Thelma: Training Review – On Billing Provider Number, for non-behavioral health codes, use the 34049.. number. Only when submitting outpatient behavioral health codes is it required that the multi-specialty or physician group number be submitted (unless employee is non-licensed, which would require submission of the 34049.. number).</p> <p>Q: Jeanna (Catawba): If a licensed social worker provided H0004, would they still bill under their 34049.. number?</p> <p>A: Thelma: No, because the worker is licensed. Should be submitted using the multi-specialty or physician group number.</p> <p>Q: Kim (Neuse): Will the 70% payment for non-licensed staff be effective Sept. 1st?</p> <p>A: Thelma: Yes. Only H Codes H0001, H0005, H0031. H0004 will be paid the same rate whether employee is licensed or non-licensed (non-licensed will only pay for six months after the new state plan gets approved).</p> <p>C: Tim (Wake): Physician rate schedule says that H codes are not covered for physicians.</p> <p>A: Thelma: Correct. WE were told physicians can bill for CPT codes or H codes. DMH will contact DMA to confirm and report back to the LMEs.</p> <p>R: Rates different between Mental Health and CPT for Medicaid?</p> <p>A: Correct. Will see if they can be brought in line.</p> <p>Q: Kim (Neuse): Do all state services have to be provider-specific?</p> <p>A: Rick: Yes. System will go to the provider-specific rate first and then to the default if the provider-specific rate is not there.</p> <p>R: Is YP215 still a valid code?</p> <p>A: Yes for now, it is scheduled to be removed when the new service codes come in.</p> <p>C: Tim (Wake): Suggestion – put rate info out not only as a distribution, but also as announcement on the web page so that everyone can be aware.</p> <p>A: Thelma & Rick: Will send out again and will explore disbursing through all available channels.</p> <p>Q: Jeanna (Catawba): Back to 70% rate rule – when did the notification go out to the financial officers?</p> <p>A: Thelma: It didn't go out to the financial officers via email. Instead, it was brought up in FARO and also the training sessions. DMH will look for that document and make it available.</p>
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<p>6.</p> <p>7.</p>	<p>Q: Kay: Which code is appropriate to bill for CAP case management as of 9/1/05? A: T1017 with HI modifier. Reference August 4th CAP Q&A. Also, bill it under 34049.. number after 9/1/05.</p> <p>Q: Pathways: Filling out IPRS screens for attending providers. When selecting the type, how do you know what the type is? A: Relates to agency type. R: What if the provider works for multiple agencies? A: Pick the best type for the services that the individual performs. Use your best judgment.</p> <p>C: Foothills: Have been removing end-dates on providers, but it has been removing the type/specialty and asks for an entry. A: Paul: 'I' numbers should be 074/113 R: Don't get that option on the drop-down. A: Thelma/Paul: Will look into making changes for that. Will give status at next Core Team.</p> <p>C: Janet (Johnston): Didn't see Medicaid type/specialty on the attending provider screens. A: Thelma: That is being looked into. DMH will get back with everyone on the subject. Q: Janet: Is it okay to continue enrolling? A: Thelma: Yes.</p> <p>IPRS Questions or Concerns: None.</p> <p>DMA Direct Provider Enrollment Questions – Angela Floyd and Pamela Horrell Angela and Pamela were not on the call.</p> <p>MMIS Updates</p> <p>Eric/Shannon: Tim left Voicemail for Tom (Western Highlands) regarding the T1017 denials that were being researched. The claims denied for Medicare, not TPL. Medicare is not looked at as TPL.</p> <p>Medicaid Questions or Concerns</p> <p>Updates to Roll Call; Other Questions?</p> <p>DMH and/or EDS Concluding Remarks:</p>
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Action Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
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Issue Items

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
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II1.

Item No.	Open Date	Description	Assigned To	Comments	Status	Target Date
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